

<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. 0020-5041PUS2	
Application No. 10/525,021-Conf. #3141	Filing Date February 18, 2005	Examiner MAEWALL, S.	Art Unit 1612	

Applicant(s): Mitsutaka NAKAMURA et al.

Invention: AGENT FOR TREATMENT OF SCHIZOPHRENIA

**MS AF**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

Transmitted herewith is an amendment in the above-identified application.  
The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		
<b>Total Claims</b>	9	- 20 =	0	x	52.00	0.00
<b>Independent Claims</b>	2	- 3 =	0	x	220.00	0.00
<b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>						
<b>Other fee (please specify):</b> Extension for response within third month						1,110.00
Request for Continued Examination (RCE)						810.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>						<b>1,920.00</b>

☒ Large Entity ☐ Small Entity

☐ No additional fee is required for this amendment.

☒ Please charge Deposit Account No. 02-2448 in the amount of \$ 1,920.00.  
A duplicate copy of this sheet is enclosed.

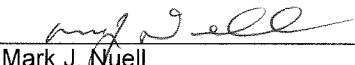
☐ A check in the amount of \$ \_\_\_\_\_ is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 02-2448  
as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

  
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Dated: March 16, 2009